

City of Carlsbad

OVERSIZED VEHICLE/TRAILER PERMIT APPLICATION

Resident		Guest
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City of Carlsbad Faraday Center 1635 Faraday Ave Carlsbad, CA 92008 760-602-2420

City of Carlsbad Resident Information

Applicant/Contact:	Date or Year of Use:	
Address:		
City, State and Zip:		
Oversized Vehicle Information		
Vehicles Owners Name	Veh. Make and Model:	
Type (RV, camper, trailer, truck, etc.)	Veh. Color:	
Vehicle Identification Number (VIN):	License plate:	
I declare under penalty of perjury under the laws of the State	e of California the foregoing is true and correct.	
Applicant Signature	Date	
The following sections are for the City of Carlsbad use only. V following items for verification.	Vhen filing this application, the resident must submit the	
Valid California driver's license		
Proof of DMV registration		
Proof of residency (verified active utility acco	ount, property taxes, gas or electric bill)	
Carlsbad Representative Signature	Permit Number Date	